

## AUTHORIZED AGENT APPLICATION

☐ **New** ☐ **Renewal**

**Agent Listing #** \_\_\_\_\_

**Type of License:** ☐ **Electrical** ☐ **HVAC** ☐ **General Contractor**  
☐ **Plumbing** ☐ **Wrecking**

\_\_\_\_\_  
NAME OF AGENT

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
HOME STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
HOME NUMBER

\_\_\_\_\_  
MOBILE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current license information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PRINCIPAL

\_\_\_\_\_  
PRINCIPAL TITLE (i.e. President, CEO, etc.)

FOR OFFICE USE ONLY

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROCESSED BY